LOBBYING REGISTRATION FORM To be used for initial registrations and renewals.

Instructions

Print in ink or type.

MAILING ADDRESS

5. EMPLOYER'S ADDRESS

- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a
 lobbyist or (2) first action requiring registration. Registrations expire as of
 Documber 31 unless a renewal is submitted between December 1 and January
 31.

1. NAME	Tolbert	Cheryl	
	Last	First	MI

2. BUSINESSPHONE (275) 291-0085

3. BUSINESS ADDRESS	12046 Justice	AVE SteB	BR	LA 708/6
	Street and No.	City	State	Zip
	\$			

Louisian Brames Comp on Health

4.	EMPLOYER	Coursiana	Business	Group on	Health
	A				

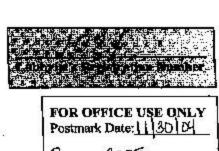
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or (d) whether or not the client or someone else pays you to lobby.

1. Name_____

Business or purpose

Does this person pay you?_____

If No, who pays you?



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State

LOBBYING REGISTRATION FORM



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	Address				
	Business or porpose	(i)			
	Does this person pay you?	游			
	If No, who pays you?	<u></u>			
	Name				
	Address	<u> </u>			
	Business or purpose				
	Does this person pay you?				
	If No, who pays you?	WATT.			
	Name				
	Address	*··			
	Business or purpose	- Capper			
	Dues this person pay you?	Section			
	If No, who pays you?				

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist